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CONFIRMATION NO. 5634

SERIAL NUMBER 10/758,455	FILING or 371(c) DATE 01/15/2004 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. THUMB-604DIV	
APPLICANTS Charles O. Townley, Port Huron, MI; OK /BP/ ** CONTINUING DATA ***** This application is a DIV of 09/352,472 07/14/1999 ** FOREIGN APPLICATIONS ***** NONE /BP/ ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ** 04/20/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/Brian Pellegrino/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY MI	SHEETS DRAWINGS 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
ADDRESS Christopher John Rudy 209 Huron Ave., Ste. 8 Port Huron, MI 48060 UNITED STATES					
TITLE Modular basal thumb joint implant					
FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		